

Customer No. 24498
Serial No.: 10/523,442

PATENT
PU020354

JSW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Maxim Belotserkovsky, et al.
Serial No. : 10/523,442
Filed : January 31, 2005
For : CENTRALIZED BUFFER ARCHITECTURE FOR AN ORTHOGONAL FREQUENCY
DIVISION MULTIPLE ACCESS (OFDM) RECEIVER
Examiner :
Art Unit : 2661

INFORMATION DISCLOSURE STATEMENT

- ☐ 1 Pursuant to 37 CFR 1.97(b)
[within 3 months of filing or prior to 1st Office Action]
☒ 2 Certification Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
☐ 3 Fee Payment Pursuant to 37 CFR 1.97(c)
[before Final Office Action or Allowance]
☐ 4 Petition, Certification & Petition Fee Payment Pursuant to 37 CFR 1.97(d)
[before issue fee payment]

Hon. Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The following are submitted in the above-identified application in compliance with 37 CFR 1.97 & 1.98:

- ☒ 5 A list of documents on form PTO-ISB/08 a together with copies of each identified-document, and a translation or a concise explanation of each non-English language document is enclosed herewith.

This paper is submitted in accordance with:

- ☐ 6 37 CFR 1.97(b): [within 3 months of filing or prior to 1st Office Action]
☒ 7 37 CFR 1.97(c): [before Final Office Action or Allowance, whichever is earlier]; and
☐ 8 The required certification made in item 11 below; or
☒ 9 The \$180.00 fee specified in 37 CFR §1.17(p) for submission of this Information Disclosure Statement is authorized in item 14 below.
☐ 10 37 CFR § 1.97(d): [before issue fee payment]; and
(a) This is a petition for consideration of the subject Information Disclosure Statement. The petition fee (\$130.00) required by 37 CFR 1.17(i)(1) is authorized in item 14 below. (Direct this letter to "Attention PETITIONS EXAMINER" and if applicable include batch locator information: e.g., "Allowed Files, Batch N/A, Date of Allowance N/A"), and
(b) The required Certification is stated in item 11 below.

☐ 11 Certification

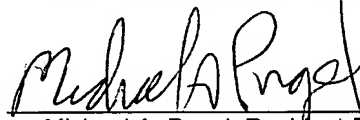
- ☐ 12 Each item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Statement; or
- ☐ 13 No item of information contained in this Statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the person signing this document after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three (3) months prior to the filing of this Statement.

- ☒ 14 Please charge the applicable fees associated with the submittal of this Information Disclosure Statement to Deposit Account No. 07-0832. An original and one (1) copy of this document is enclosed.

Respectfully Submitted,

Maxim Belotserkovsky, et al.

BY:



Michael A. Pugel, Resident Patent Agent
Registration No. 57,368
(317) 587-4027

THOMSON Licensing LLC
Patent Operations
P.O. Box 5312
Princeton, New Jersey 08543-5312

DATE: June 19, 2008

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in a postage paid envelope addressed to: Commissioner for Patents, Alexandria, Virginia 22313-1450 on the date indicated below.

Date: June 15, 2008 Signature Michael A. Pugel

Form IDS Ltr.
(05/2005)

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00

Complete if Known

Application Number 10/523,442
Filing Date January 31, 2005
First Named Inventor Maxim Belotserkovsky, et al.
Examiner Name
Art Unit 2661
Attorney Docket No. PU020354

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None ☐ Other (please identify):

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
- 20 or HP = x =
HP = highest number of total claims paid for, if greater than 20.

Independent Claims Extra Claims Fee (\$) Fee Paid (\$)
- 3 or HP = x =
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

IDS SUBMISSION

Fees Paid (\$)
180.00

SUBMITTED BY

Name (Print/Type) Michael A. Pugel Registration No. (Attorney/Agent) 57,368 Telephone 317-587-4027
Signature Date JUNE 19, 2008



Effective on 12/08/2004.		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/523,442
FEE TRANSMITTAL for FY 2008		Filing Date	January 31, 2005
		First Named Inventor	Maxim Belotserkovsky, et al.
		Examiner Name	
		Art Unit	2661
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PU020354
TOTAL AMOUNT OF PAYMENT		(\$)	180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order
Customer Number 24498

☐ None ☐ Other (please identify): _____

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Plant	200	100	300	150	160	80	
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Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20.

Independent Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

IDS SUBMISSION

Fees Paid (\$)

180.00

SUBMITTED BY			
Name (Print/Type)	Michael A. Pygel	Registration No. (Attorney/Agent)	57,368
Signature		Telephone	317-587-4027
		Date	JUNE 19, 2008